

FORM G

**CHINA SPRING INDEPENDENT SCHOOL DISTRICT
FIELD TRIP PERMISSION FORM**

Date _____

My child _____ has my permission to attend the following field trip:

Class _____ Trip Sponsor _____

Destination _____

Date of Trip _____ Transportation _____

Time Leaving Campus _____ Time Returning _____

Authorization to Consent to Medical Treatment of a Minor

In case there is an emergency, please provide the following information. This form is necessary because many hospitals will not begin treatment of an injured/ill minor if parental consent cannot be obtained. The presence of this form allows the doctors to begin emergency treatment at once. Of course, you will be notified as soon as possible if your child requires emergency hospital care. If you have Medical Insurance, please give the following information:

Name of company _____ Policy Number _____

If parent/guardian cannot be reached please contact:

_____ Contact Person _____ Telephone Number _____

_____ Contact Person _____ Telephone Number _____

_____ Child's Doctor _____ Doctor's Telephone Number _____

If your child has an existing health condition, please indicate:

Heart Trouble _____ Allergies _____ Epilepsy _____

Asthma _____ Diabetes _____ Other _____

Signature

I agree to indemnify and hold you, or your representative, and the China Spring Independent School District harmless from any claim for injury or damage to my child during this trip.

I give authority to China Spring ISD to consent to medical treatment of the child(ren) in the event that you cannot be contacted. The China Spring ISD is an educational institution in which the child(ren) is/are enrolled.

I have read, understand, and agree to abide by the Student Code of Conduct.

_____ Parent/Guardian Signature

_____ Student Signature

_____ Telephone Number

_____ Date